SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL.

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MEDICAL INSPECTION OF SCHOOL CHILDREN IN LIVERPOOL.

IN his report for 1915 Dr. E. W. Hope, M.O.H. Liverpool, states that the average number of children attending elementary schools in 1915 was 137,375. The medical officers saw at routine inspection 36,572 children (16,022 entrants, 7,115 intermediates, and 13,435 leavers). In addition, there were 8,101 special cases showing various defects to which the attention of the medical inspectors was drawn by the teachers and nurses. Increased bath accommodation has been provided for in the north end of city, and 3,653 children were voluntary cleansed at this the centre. The work of the whole-time nurses shows that the number of children seen with minor ailments was 4,328, and that of these 1,744 were treated. The examinations for cleanliness numbered 218,696. The number of children found verminous, dirty, or otherwise neglected was 44,131. The number of cases of communicable diseases discovered was 510. The number of school cases of infectious diseases reported during the year 1915 was as follows: Measles, 1,772; whooping-cough, 2,020; and scarlet fever, 1,684. These numbers show a marked diminution compared with those of 1914. The treatment of defective vision is now, it is stated, quite satisfactory. In 1915, 5,068 children were treated, as compared with 3,564 in 1914; 1,148 children were treated at the school clinic, and 3,920 in the consulting rooms of medical men. A scheme for "following up" at the homes of the children came into operation during the past year. School attendance officers visited the cases referred by the school medical officers, and saw that the measures advised in cases of defective vision, *x*-ray treatment of ringworm, and dental troubles were carried out. Female health visitors were also instrumental in referring children to certain school care committees—for example, the Invalid Children's Association. One noticeable feature in the report is the diminution by half of the number of barefooted children, 1.3 per cent. It would appear that the boys of the intermediate period are worst off in this respect. The proportion of children with sound foot-gear was 45 per cent. In spite of the war, and the depletion of the various staffs, the report shows that the city authorities are earnestly attending to the well-being of the children.

British Medical Association.

IRISH COMMITTEE.

AT a meeting of the Irish Committee of the British Medical Association held on July 11th, 1916, at the Irish Offices, 16, South Frederick Street, Dublin, the following resolutions were passed:

1. That the Irish Committee approves of the efforts made by the Local Government Board to have locumtenents, nominated by Poor Law medical officers joining the R.A.M.C., appointed by boards of guardians so long as the interests of the sick poor are safeguarded.
2. That as the majority of unions in Ireland have adopted graded scales of salaries for their medical officers the Irish Medical Secretary of the British Medical Association be requested to write to the Local Government Board urging that they should at once take the necessary steps to have all unions in Ireland brought into uniformity on the matter.
3. That the Irish Medical Secretary write to the Local Government Board urging on them the necessity of appointing the substitutes nominated by the doctor going on leave in all cases where satisfactory arrangements have been made for the treatment of the sick, as it frequently happens where boards of guardians refuse to appoint the substitutes nominated by the Poor Law medical officers that such doctors are compelled, in the interests of their private practice, to forego their much-needed annual holidays towards the expense of which the Treasury makes a special grant.

Meetings of Branches and Divisions.

SURREY BRANCH:

CROYDON DIVISION.

THE annual meeting of the Division was held at the Croydon General Hospital on July 20th, when Mr. CRESSY was in the chair.

Election of Officers. — The following officers were elected:

Chairman: A. Z. S. Cressy.
Vice-Chairman: J. A. Howard.
Honorary Secretary: E. H. Willock.
Assistant Secretary: C. G. C. Scudamore.
Representative for Representative Meeting: E. H. Willock.
Deputy Representative: W. Gripper or G. G. Genge.

Representatives on Branch Council: C. G. C. Scudamore and J. A. Howard.

Executive Committee: E. G. C. Daniel, C. O. Fowler, G. G. Genge, W. Gripper, F. Nicholls, A. A. H. Partridge, J. J. Redfern, E. N. Reichardt, J. S. Richards, S. S. Simmons, G. Wale, J. Wayle, R. J. Willson, and C. Wray.

Association Notices.

ANNUAL GENERAL MEETING.

NOTICE is hereby given by the Council that the Annual General Meeting of the British Medical Association will be held at the Connaught Rooms, Great Queen Street, London, W.C., on Saturday, July 29th, 1916, at 2 o'clock in the afternoon.

Dated this 24th day of June, 1916.

By order.

GUY ELLISTON,
Financial Secretary and Business Manager.

429, Strand, London, W.C.

INSURANCE.

LOCAL MEDICAL AND PANEL COMMITTEES.

LONDON.

AT the meeting of the joint Local Medical and Panel Committees for the county of London on July 18th Drs. H. J. Cardale, J. A. Angus, and Lauriston Shaw were re-elected chairman, vice-chairman, and treasurer respectively. It was announced that the special section appointed to consider the position of panel practitioners in connexion with the Military Service Acts had had access to a list of practitioners who had received warning that their names were included among those of a specified number of doctors from whom selections would be made for commissions in the R.A.M.C. on August 7th; and that, having regard to the difficulties of providing treatment for insured persons in certain densely populated areas, it had been decided to apply for exemption in thirty-six cases. Letters were read from the British Medical Association and the Local Government Board with regard to the protest which the committee had made at the previous meeting concerning the reduction of notification fees. The letter from the Local Government Board urged the familiarity of the medical profession with the work of notifying infectious diseases, the number of additional diseases made notifiable since the fees were originally fixed, and the slightness of the labour involved in filling up the notification forms. A recommendation was carried urging the insertion of a clause in the Local Government (Emergency Provisions) Act, 1916, making it impossible for an action at law to be entered against a practitioner in consequence of an error in diagnosis in connexion with the notification of infectious diseases.

The Royal Commission on Venereal Diseases.—A very long report was submitted by the special subcommittee which had been appointed under the chairmanship of Dr. Lauriston Shaw to consider the recommendations of the Royal Commission on Venereal Diseases. With regard to facilities for diagnosis by laboratory methods, the subcommittee urged that it should not generally be necessary for the patient to attend at any institution, but that the apparatus and full instructions for collecting specimens should be forwarded to private practitioners upon application to a medical officer of health or to a recognized laboratory. It was also urged that the Local Government Board should refuse to sanction local schemes for dealing with the disease unless some organized body, representative of the profession in the area, had been consulted. Concurrence was expressed with the view that institutional treatment should as far as possible be provided at general hospitals, and it was urged that if the head of the department was to be a specialist, his special branch should be genito-urinary diseases or gynaecology, and that any increase in the number of so-called "venereal specialists" was to be deprecated. The hope was expressed that professional principles would be safeguarded in connexion with the recommendation that there should be no refusal to treat a patient (in an institution) who was unwilling to go to his own doctor; the subcommittee thought that every inducement should be used to persuade a patient to put himself under the general care of his private practitioner. The setting up of evening clinics at general hospitals was regarded with some anxiety, and, finally, the opinion was expressed that the Commission had been carried away to a certain extent by the enthusiasm of some of its members and witnesses for salvarsan. The Local Government Board and the Insurance Commissioners are to be asked to receive a deputation, when these views will be explained and amplified.

SURREY.

At a meeting of the Panel Committee on June 9th it was agreed to accept the proposed emergency settlement of practitioners' accounts for 1915, and that the present representatives of the Local Medical and Panel Committees on the Insurance Acts Committee should continue in office. The medical representatives on the Insurance Committee were instructed to support the payment of sickness benefit in cases in which the disease is due to "own misconduct."

A subcommittee was appointed to discuss with the Clerk of the Insurance Committee some simpler method for the distribution of the special mileage fund. It was decided to inform practitioners in the next circular that prescriptions should only be marked "urgent" when they were really so, and not simply for the convenience of the chemist or insured person.

SOUTHAMPTON.

At a meeting of the Panel Committee on July 7th it was agreed to accept the final settlement for 1914, although considerable dissatisfaction with the statement was expressed. It was decided to support the Stockport Panel Committee by sending to the Commissioners a request for (1) the establishment of a central clearing house for the purpose of securing a correct register, as promised at the conference between the British Medical Association and the Commissioners in January, 1915; (2) the insertion in next year's agreement with practitioners of a date for the final settlement in lieu of the present most unsatisfactory clause, "as soon as may be"; (3) the inclusion in such agreement of a clause guaranteeing a flat rate per insured person to the practitioner as distinguished from the present system of paying him a share of the central pool.

EAST SUFFOLK.

At a meeting of the Panel Committee on July 11th it was decided to approve a leaflet prepared by Dr. Baron giving the ten stock mixtures recently selected by the Panel Committee, together with an explanatory note. It was resolved to invite Dr. Richmond, a member of the Insurance Acts Committee, to deliver an address at Ipswich on August 10th, and that members of the Ipswich Panel and West Suffolk Panel be given the option of attending.

HOLLAND (LINCOLNSHIRE).

At a meeting of the Panel Committee on July 21st it was agreed to ask the Secretary of the Insurance Committee to have the list of mixtures adopted by the Panel Committee printed with their formulae and circulated to the doctors and chemists on the panel. The mileage scheme for 1916 was adopted.

RENFREW COUNTY.

At a meeting of the Panel Committee on June 21st it was agreed to support the proposal of the Insurance Committee that no retrospective adjustments for enlistments be made after June 30th, 1916, on practitioners' totals for the years 1914 and 1915, but that retrospective adjustment would continue to be made as from January 1st, 1916.

CORRESPONDENCE.

THE ASSOCIATION AND THE PANEL.

DR. J. M. BRENNAN (Honorary Secretary Stockport Panel Committee) writes: Is the Association any use to the panel practitioner? This is a leading question, and I am in a position to answer that there are thousands of medical men in the country to-day who, without any hesitation, will say that they are of opinion that the British Medical Association is of no service whatever to the panel practitioners of the country. Thousands of others are wavering

in their faith, and it will be a good thing for the Representative Meeting if it recognizes facts as they are. A fool's paradise is at best a perilous place in which to live. There is a strong suspicion amongst a great number of the members of the Association that the panel is a side-show in the Association programme, whilst to us it is *the* important thing in our lives. We have had our practices—built up by years of toil and anxiety—converted into contract work under the National Insurance Act, and we look with much misgiving to our future now that we are in the sere and yellow of our careers.

We receive from time to time from our Association long documents marked M.2 or M.22, and I take a sample:

M.2 (1915-16). Report of Deputation of Insurance Act Committee, June 16th, 1915 (page 2).

Correction of Registers of Committees.

Minute 40.—That the Conference urges upon the National Health Insurance Commissioners the advisability [why not *necessity?*] of taking *immediate* steps to revise and correct the Registers of Insurance Committees and to adopt such modification of the Regulations as will secure that in the future such registers will continuously be a correct index of the number of insured persons entitled to Medical Benefit in each insurance area, and so secure an accurate factor for estimating and obtaining a true and equitable credit for each area from the Central Medical Fund.

As we were invited by Mr. Lloyd George to accept the capitation basis as the most simple and desirable, this is a question of simple honesty and straight dealing on the part of the Commissioners. If the registers are not correct, then we are liable to be defrauded of money due to us. What is the answer of the Commissioners? I quote again M.2:

In reply, the Commissioners referred to the intention (!) expressed by them on the occasion of a previous conference with representatives of the British Medical Association on the 22nd of December last. The Commissioners had not in any respect abandoned their intention announced on that occasion of taking action to secure greater accuracy in the index register, but shortage of staff and increased pressure of work due to the exceptional war conditions had led to unavoidable delay in initiating the action contemplated.

Good intentions! To which the panel practitioner replies: "I have heard of a place paved with good intentions, but it will not supply me with the means of paying my increased income tax, nor will it recoup me for my quixotic folly in attending free the wives and dependants of soldiers who are getting more money now than they did before the war; nor will it recoup me for my outlay of health and strength in carrying on the work of my colleagues at the front." Does "shortage of staff and increased pressure of work due to war conditions" mean that Cabinet Ministers and members of Parliament are not receiving their salaries?

And what is our Association doing in this matter? The Commissioners have now openly abandoned their "intentions." They say they are absolutely unable by any human means to tell how many seven shillings are due to any area! In Stockport the index register has 7,000 more names than we are paid for. But shortage of staff and war conditions are no excuse for the non-payment of one's liabilities. What, I ask, is our Association doing to secure that the Commissioners carry out their "intentions" as expressed in M.2 (1915-6)? I attended a meeting to instruct the Representative of this Division as to his action at the Representative Meeting. I strongly urged a drastic action on the part of the Association, and I was informed that there was an item on the agenda of the meeting to the effect that "evidence would be collected of the working of the Insurance Act," and I suppose reported upon in the Representative Meeting of 1917. Is the British Medical Association any use to the panel practitioner?

*** Dr. Brennan does not seem to be well acquainted with the work of the Association, nor with the steps it has taken and is taking to urge on the Commissioners the more prompt payment of the sums due to panel practitioners.

HOW THE INSURANCE SYSTEM IS WORKING.

DR. ALEX. FRASER (Manchester), in the course of a letter on this subject, writes: I am pleased to see the letter of Dr. J. T. Fletcher on the degrading effect which the operation of the Insurance Act has had upon the profession, but I cannot agree with him that much good can result from a protest at the present time when so many panel practitioners are away on active service, and those of us at home are doing our best to conserve their practices. In simple justice to them we must "carry on" until the termination of the war.

However, the bad effect of the Act upon the profession is undoubted. It has put it back fifty years. It is a marvel to me that those who supervise the education of our students are so blind to the future interests of their pupils. Why put them to the expense of such a comprehensive and scientific education, most of which is more than useless to future panel practitioners?

In the area in which I practise the payment per attendance system is in force, but I cannot gather that it is any better or any worse than the *per capita* system. In the matter of treatment of patients, practitioners in this area, under the scorpion whip of being surcharged for prescribing, not necessarily extravagantly but at a price above a certain selected and varying figure, coupled with disagreeable interviews with the Panel Committee, and acting on the advice of the latter, rarely venture to prescribe beyond the limit of the dozen stock mixtures published under the aegis of the Committee. The offending practitioners are advised by the Committee before whom they appear for the crime of attempting to treat their insured patients as they do their private patients that, *inter alia*, their insured patients cannot and must not be treated like their private patients. Going into detail, the Committee advises them that where, for example, it is necessary to prescribe two separate ointments to be rubbed up together, on the grounds of economy to order two separate lots and tell the patient to rub them together on a plate with a dinner knife. They are reminded that tabloids and made-up powders are more expensive than powder in bulk, and thus phenacetin or aceto-salicylic acid should be ordered in quantity, and the patient ordered to take what lies on a sixpence or a shilling, or any other convenient coin. A few coppers, it is stated, are thus saved on each prescription by thus taking the dispensing from the chemists and placing it in the less skilful hands of the patient. I was peremptorily told at one of my interviews with our Drug Committee that I must not use tr. camph. co. or even the aqueous tincture for insured patients; liq. morph. hyd. must take its place.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

THE following appointments are announced by the Admiralty: Staff Surgeons J. S. Austin, M.B., to the *Victory*, additional, for disposal; C. H. L. Petch, to the *Vivid*, additional, for disposal; G. L. Buckeridge to the *Topaze*. Surgeons G. D. G. Fergusson to the *Victory*, additional, for disposal; L. A. Moncrieff to the *Halcyon;* F. C. Alton to the *Cormorant*, additional, for Gibraltar Hospital and Dockyard. Temporary Surgeons C. E. S. Harris to the *Ganges*, for Shotley Sick Quarters; W. E. Wade to the *Fearless;* A. L. P. Gould to the *Vivid*, additional, for Plymouth Hospital; R. S. Overton to the *Impregnable;* G. E. Heath to the *Albemarle;* H. T. Rossiter to the *Actaeon;* R. P. Langford-Jones to the *Duke of Edinburgh;* W. B. Cunningham to the *Devonshire;* R. S. Lawson, M.B., to the *Pembroke*, additional, for Chatham Hospital; R. S. Carey, to the *Vernon*, additional; J. H. Lloyd to the *Southampton;* D. S. MacKnight, M.B., to the *Ajax;* N. F. Hogg to the *Erin;* G. H. Latham to the *Victory*, additional; T. J. Nicholl to the *Royal Sovereign;* G. N. Stathers, M.B., to the *New Zealand;* R. Tennent, M.B., F. C. E. Hill, M.B., J. L. Owen, M.B., E. C. de M. Morgan, W. G. Watson, and A. H. Price, to the *Victory*, additional, for Haslar Hospital; H. A. Hewat, M.B., to the *Euryalus*, additional, for R.N. Dépôt, Bombay; A. W. North to the *Euryalus;* W. G. Clark, M.B., and I. H. Lloyd to the *Vernon;* H. Danvers to the *Achilles;* S. S. Beare to the *Attentive;* R. N. McKinstry, M.B., to the *Marlborough;* F. A. Williamson to the hospital ship *Agadir;* H. S. Ollerhead to the *Warspite;* W. Whitefield to the *Victory;* J. A. Fairer to the *Conqueror*. To be temporary Surgeons; J. L. Owen, M.B., R. G. Elwell, and Surgeon Probationer A. H. Price (R.N.V.R.).

ROYAL NAVAL VOLUNTEER RESERVE.

Surgeon G. R. Mill to the *Patrol;* Surgeon-Probationers G. L. Cutts to the *Laertes;* D. G. P. Bell to the *Victory*, additional; N. T. Williamson to the *Stag*.

ARMY MEDICAL SERVICE.

Colonel A. E. Tate is retained on the active list and to be supernumerary.

Major F. F. Burghard, C.B., R.A.M.C.(T.F.) to be temporary Colonel.

Temporary Lieutenant-Colonel T. C. English, M.B., F.R.C.S., to be temporary Colonel.

ROYAL ARMY MEDICAL CORPS.

Temporary Major C. T. Parsons, M.D., relinquishes his commission on ceasing to be employed with the Fulham War Hospital.

To be temporary Majors: Captain H. J. Stiles, R.A.M.C.(T.F.), temporary Captain G. B. Price, M.D., Major T. M. Carter, M.D. (T.F.Res.), Captain P. Hamill, M.D., R.A.M.C.(T.F.), Captain C. A. Pannett, M.B., R.A.M.C.(T.F.).

Temporary Captain G. A. Borthwick, M.B., relinquishes his commission on account of ill health.

Temporary Captain W. Ormsby relinquishes his commission.

Temporary Lieutenant M. J. Gallagher, M.B., to be temporary Captain (substituted for announcement in the *London Gazette* of June 9th, 1916).

Temporary Lieutenants to be temporary Captains: J. A. West, A. S. Anderson, M.B., C. M. Geddie, M.B., E. D. Wellburn, C. K. Sylvester, G. H. Davy, M.B., J. Chassels, M.B., W. M. Badenoch, M.B., S. S. King, M.D., T. J. Phillips, M.B., A. S. Gillett, C. Averill, M.B., H. C. Mulholland, M.B., D. C. McArdle, M.B., R. J. H. Cox, M.B., J. McGrath, M.B., R. L. Crabb, M.D., F. L. Apperly, F. Murphy, S. H. Pitcairn, E. N. B. Starkie, M.D., J. F. C. Haslam, M.B., A. G. W. Thomson, M.B., W. J. Robertson, M.B., R. Clark, M.B., W. G. Fee, P. J. Barry, J. W. O'Brien, M.B., J. P. Duncan, M.B., W. G. Shand, M.B., H. H. Warren, M.B., A. G. Graham, I. Ogilvie, M.B., N. F. Norman, W. H. Wishart, M.B., H. Gray, A. Ramsay, M.B., W. S. Pratt, M.D., J. E. A. Underwood, I. R. McLeod, D. S. Page, W. A. Thompson, G. B. N. Flanagan, H. C. Gibson, M.B., J. H. Paterson, M.B., B. Lyons, M.B., V. F. Stock, M.B., A. Graydon, W. R. Kemp, C. R. Whittaker, F.R.C.S.E., G. W. Christie, M.B., D. Jeaffreson, C. Gordon, M.B., R. H. McGillycuddy, T. J. Golding, E. L. Davey, A. B. Laidlaw, G. B. Elliott, J. C. Muir, M.D., B. L. Livingstone-Learmouth, M.B., T. McCosh, M.B., J. D. Nicolas, D. Meek, M.B., H. H. Hulbert, J. P. Shaw, E. H. Freeland, F.R.C.S., C. M. Dickinson, J. E. Pellow, M.B., R. Craven, M.B., D. Duncan, M.B., A. King, M.D., W. Clow, M.B., E. C. Arnold, M.B., F.R.C.S., T. F. S. Fulton, M.B., E. N. Coutts, M.B., D. J. G. Johnston, M.B., H. Rogers-Tillstone, M.D.

To be temporary Captains: R. de V. King, late Lieutenant R.A.M.C., V. van Langenberg, M.B., C. Y. Flewitt, M.B., late Surgeon-Captain.

Temporary Lieutenants relinquishes their commissions; D. Craig, M.D., L. De C. MacIntosh, J. D. Adamson, M.D., L. A. C. Panton, M.B., A. D. Crawford, M.B., J. E. Healey, M.B., F. W. Garrad, M.D., M. C. Roberts, M.D., R. R. Paul, M.D.

Temporary Lieutenant G. Cooper is dismissed the service by sentence of a general court-martial.

Temporary Lieutenant F. P. Kennedy relinquishes his commission.

Temporary Lieutenants relinquish their commission on account of ill health: W. E. Huff-Hewitt, M.B., G. P. Sheehan.

To be temporary Lieutenants: E. Kennington, D. T. C. Frew, M.B., F. K. Kerr, M.B., W. T. Currie, M.B., S. G. Scott, M.B., R. T. Jupp, M.B., F.R.C.S., W. Elwood, M.B., W. S. Booth, M.B., A. J. Neilan, J. N. McTurk, M.D., A. L. White, F.R.C.S.E., F. J. McCarthy, G. D. Compston, E. Trotter, M.B., F.R.C.S.E., R. C. Allen, V. Lloyd-Evans, M.B., F.R.C.S., A. R. Wight, M.B., W. L. Millar, M.B., F. H. Pickin, A. Clelland, M.B., A. J. Caird, M.B., R. N. Phease, M.B., J. D. Macfie, M.B., H. M. Cade, R. T. G. Aickin, M.D., J. B. Mason, A. R. O. Milton, B. T. Parsons-Smith, M.D., J. M. Kelly, M.D., A. Grant, M.B., A. H. Turner, M.B., W. Balgarnie, M.B., F.R.C.S., D. R. Adams, M.D., H. G. Smith, M.B., A. E. Whitehead, P. J. Rooney, A. V. Dill, M.B., W. M. Jeffreys, M.B.

To be temporary honorary Lieutenants: W. A. Hotson, P. L. Hope (whilst serving with No. 6 British Red Cross Hospital), F. W. Goyder, M.B., F.R.C.S. (whilst serving with the St. John Ambulance Brigade Hospital), C. C. Goodall (whilst serving with the British Red Cross Hospital).

TERRITORIAL FORCE.

ROYAL ARMY MEDICAL CORPS.

London Field Ambulance.—Lieutenants (temporary Captains) G. Scott, M.B., and J. E. Sandilands, M.D., to be Captains.

North Midland Casualty Clearing Station.—Lieutenant J. A. Young, M.B., to be Captain.

South Wales Mounted Brigade Field Ambulance.—Lieutenant J. O. Cuthbertson, M.B., to be Captain.

Northumbrian Field Ambulance.—To be Lieutenants: R. W. Nevin, M.D., J. R. Mitchell, M.D.

Scottish General Hospital.—Captain H. J. Stiles, M.B., F.R.C.S., is seconded whilst holding a temporary commission in the R.A.M.C.

Highland Mounted Brigade Field Ambulance.—T. L. Ashforth to be Lieutenant.

Attached to Units other than Medical Units.—Lieutenant F. W. White to be Captain. H. W. Beedham, M.B., to be Lieutenant.

SPECIAL RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

Lieutenant W. Williams, M.B., to be Captain.

Cadet J. N. L. Blamey, M.B., University of London O.T.C., to be Lieutenant.

OVERSEAS CONTINGENTS.

CANADIAN ARMY MEDICAL CORPS.

Captains H. G. Young, W. J. McLean, and R. F. Pennefather, of the Canadian Militia, to be Captains. Lieutenant R. P. Borden (Canadian Militia) to be temporary Captain. G. E. Charters to be temporary Lieutenant.

Vacancies and Appointments.

NOTICES REGARDING APPOINTMENTS.—Attention is called to a Notice (see Index to Advertisements—Important Notice re Appointments) appearing in our advertisement columns, giving particulars of vacancies as to which inquiries should be made before application.

VACANCIES.

BEDFORD COUNTY HOSPITAL.—House-Surgeon.

BIRKENHEAD UNION INFIRMARY.—Female Resident Assistant Medical Officer. Salary, £175 per annum.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.—Three Assistant Surgeons.

BIRMINGHAM EDUCATION COMMITTEE. — Two Temporary Assistant School Medical Officers. Salary for whole time, £300 per annum, part time pro rata.

BIRMINGHAM UNIVERSITY.—Lecturer in Physiology. Stipend, £200 per annum.

BOLTON INFIRMARY AND DISPENSARY.—Second House-Surgeon. Salary, £200 per annum.

BRISTOL ROYAL INFIRMARY.—(1) House-Surgeons and House-Physicians. Salary, £120 per annum. (2) House-Surgeon to Throat, Nose, and Ear Department.

BRITISH NORTH BORNEO COMPANY.—Medical Officer for group of estates. Salary, £700 per annum.

BURY INFIRMARY.—Junior House-Surgeon. Salary, £150 per annum.

CARDIFF: KING EDWARD VII HOSPITAL.—House-Surgeon. Salary, £140 per annum.

HÔPITAL ET DISPENSAIRE FRANCAIS, Shaftesbury Avenue, W.C.—Laryngologist.

HULL: VICTORIA HOSPITAL FOR SICK CHILDREN.—House-Surgeon. Salary, £100 per annum.

LEEDS PUBLIC DISPENSARY.—Lady Resident Medical Officer. Salary, £200 per annum.

LIVERPOOL: DAVID LEWIS NORTHERN HOSPITAL.—House-Surgeon. Salary, £150 per annum.

LIVERPOOL PARISH.—Lady Resident Assistant Medical Officer for the Brownlow Hill Institution. Salary, £300 per annum.

LIVERPOOL STANLEY HOSPITAL.—House-Surgeon.

L.C.C. DENTAL TREATMENT CENTRE, Holloway. — Dentist. Salary, £200 per annum.

LONDON LOCK HOSPITAL, Dean Street, W. — Anaesthetist. Honorarium, £21 per annum.

MANCHESTER CORPORATION. — Temporary Assistant Tuberculosis Officer. Salary, £350 per annum.

MANCHESTER NORTHERN HOSPITAL FOR WOMEN AND CHILDREN.—Lady House-Surgeon. Salary, £120 per annum.

NEWCASTLE-UPON-TYNE EDUCATION COMMITTEE.—Assistant School Medical Officer. Salary, £300 per annum, rising to £350.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.—(1) Temporary Assistant Physician. (2) Temporary Assistant Surgeon. Honorarium, £25 per annum for (1) and (2).

QUEEN MARY'S HOSPITAL FOR CHILDREN, Carshalton. — Temporary Assistant Medical Officers. Salary, £7 7s. per week.

ST. PAUL'S HOSPITAL FOR SKIN AND GENITO-URINARY DISEASES, Red Lion Square, W.C.—Honorary Casualty Out-patient Surgeons.

SHEFFIELD CITY.—Assistant Medical Officer to the Tuberculosis Dispensary. Salary, £350 per annum.

SHEFFIELD: JESSOP HOSPITAL FOR WOMEN.—Junior Lady House-Surgeon. Salary, £160 per annum.

SOUTHAMPTON BOROUGH ISOLATION HOSPITAL.—Resident Medical Officer. Salary, £300 per annum.

SUNDERLAND: ROYAL INFIRMARY CHILDREN'S HOSPITAL.—Resident Medical Officer (lady). Salary, £100 per annum.

TUNBRIDGE WELLS GENERAL HOSPITAL. — House-Surgeon. Salary, £250 per annum.

WOOLWICH: BROOK WAR HOSPITAL.—Resident Medical Officers.

CERTIFYING FACTORY SURGEONS. — The Chief Inspector of Factories announces the following vacant appointments: Cliff (Warwick), Clonmel (Tipperary), Grangemouth (Stirling), Millom (Cumberland), Uffculm (Devon).

To ensure notice in this column—which is compiled from our advertisement columns, where full particulars will be found—it is necessary that advertisements should be received not later than the first post on Wednesday morning. Persons interested should refer also to the Index to Advertisements which follows the Table of Contents in the JOURNAL.

APPOINTMENTS.

ALDREN, B. C. R., M.B., Ch.B.Edin., Certifying Factory Surgeon for the Birmingham (North) District, co. Warwick.

BENNION, J. M., M.D., District Medical Officer of the Bromley Union.

CALEY, T. A., M.D.Brux., M.R.C.S., L.R.C.P., District Medical Officer of the Doncaster Union.

MASTERMAN, E. W. G., M.D., F.R.C.S., D.P.H., Medical Superintendent (for the duration of the war) of St. Giles Infirmary, Camberwell.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is **5s.**, *which sum should be forwarded with the notice not later than the first post on Wednesday morning in order to ensure insertion in the current issue.*

MARRIAGES.

CANE—PERKINS.—On the 24th July, 1916, at St. John's, Meads, Eastbourne, by the Rev. John Salwey, Vicar, Maurice Hereward Cane, temporary Captain R.A.M.C., youngest son of the late Leonard Cane, M.D., and Mrs. Cane, of Eastbourne, formerly of Peterborough, to Marjorie Amy, second daughter of H. I. Perkins, I.S.O., F.R.G.S., F.G.S., Surveyor-General British Honduras, and Mrs. Perkins, of Wimbledon Park.

CROWE—KILLINGLEY.—On July 22nd (by special licence), at the Church of the Martyrs, Leicester, by the Rev. Andrew Raby, M.A., J. T. Crowe, L.S.A., L.M.S.S.A.Lond., Tuberculosis Medical Officer for Leicestershire, to Elsie, only daughter of Mr. and Mrs. J. T. Killingley, Thorpleigh, Upperton Road, Leicester.

PHILLIPS—JENKINS.—On July 18th, at Gwaecaegurwen, by the Rev. R. J. Roderick, George Stanley Phillips, Captain R.A.M.C., only son of Mr. and Mrs. Phillips, Carmarthen, to Grace Jenkins, youngest daughter of Mr. Samuel Jenkins, J.P., and Mrs. Jenkins, Cwmgorse, Gwaecaegurwen.

DIARY OF THE ASSOCIATION.

Date.	Meetings to be Held.
	JULY.
29 Sat.	ANNUAL GENERAL MEETING, Connaught Rooms, Great Queen Street, London, W.C., 2 p.m.
	AUGUST.
4 Fri.	London: Executive Subcommittee of Central Medical War Committee, 2.45 p.m.
9 Wed.	London: Central Medical War Committee.

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